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IMAGES IN CARDIOLOGY

Aortopulmonary Artery Dissection

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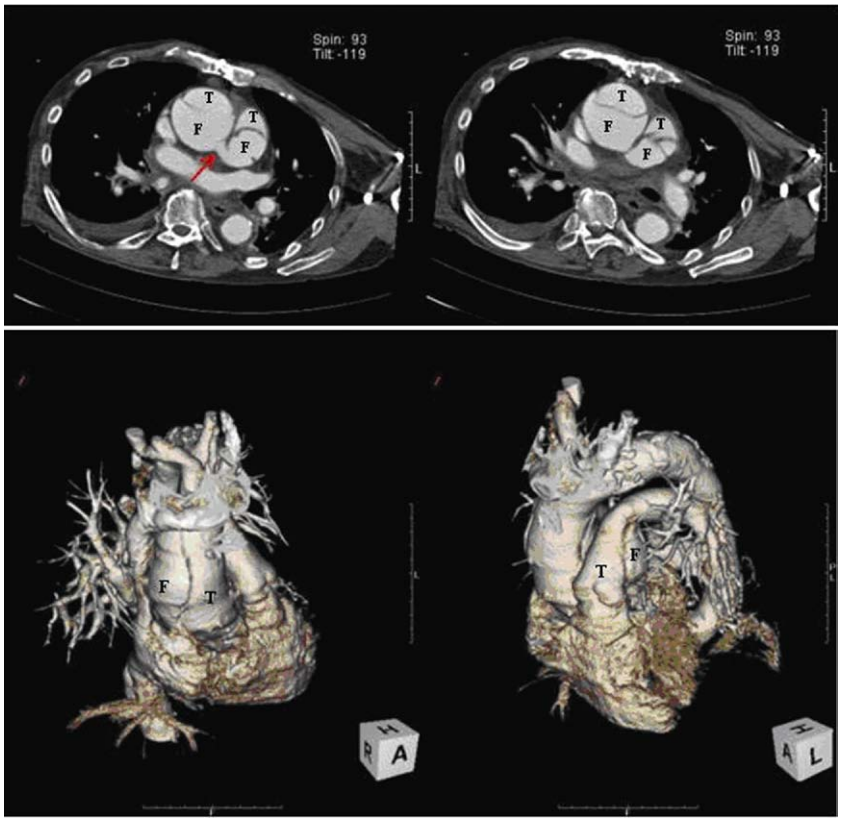

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A 71-year-old man was brought to the hospital by ambulance and admitted because of intermittent back pain. Physical examination revealed continuous heart murmur. Chest X-ray showed cardiomegaly and pulmonary congestion. The patient received continuous hydration for renal dysfunction and severe metabolic acidosis (base excess of −16.5 mmol/l and pH of 7.24) and underwent enhanced chest computed tomography. The chest computed tomography showed not only ascending aortic dissection of Stanford type A but also pulmonary artery dissection with an aortopulmonary window (**red arrow** = aortopulmonary window, T = true lumen, F = false lumen). An aortopulmonary shunt could not only increase pulmonary circulation and cause untreatable congestive pulmonary edema but also cause severe metabolic acidosis. Aortopulmonary artery dissection is a very rare disease but is fatal, requiring the surgical repair as rapidly as possible.